

NEWTON ABBOT URBAN DISTRICT COUNCIL.

Town Hall,
Courtenay Street,
NEWTON ABBOT.

19th August 1946.

Telephone Nos. 895 & 896.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report for 1945. I wish to take this opportunity of thanking the Clerk, (Mr Horace Evans) for much helpful advice and also the Public Health Staff (and in particular Mr C.E.Pethick) for their helpful co-operation.

Your obedient servant,

W.R.DUNSTAN.

Medical Officer of Health.

NEWTON ABBOT URBAN DISTRICT COUNCIL.

Report of the Medical Officer of Health for 1945.

STAFF.

The staff consists of a part-time Medical Officer of Health and two Sanitary Inspectors. On September 30, 1945, Dr. W.H.Scott resigned after 13 years service and was succeeded by Dr. W.R.Dunstan. Mr C.E.Pethick continued as Sanitary Inspector throughout the year thus completing 11 years of service. Mr Hopkins, the Assistant Sanitary Inspector left the service of the Authority on November 30th 1945 and has since been succeeded by Mr Rodgers.

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1881

IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES

PASSED MARCH 10, 1881

AND BY ORDER OF THE SENATE

PASSED MAY 10, 1881

WASHINGTON: GOVERNMENT PRINTING OFFICE: 1881

THE COMMISSIONER OF THE GENERAL LAND OFFICE,
WASHINGTON, D. C.,
HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF
A COPY OF THE REPORT OF THE COMMISSIONER OF THE
GENERAL LAND OFFICE, FOR THE YEAR 1881,
AND TO TRANSMIT THE SAME TO THE HOUSE OF REPRESENTATIVES,
AND TO THE SENATE, IN RESPONSE TO A RESOLUTION
PASSED MARCH 10, 1881, AND BY ORDER OF THE SENATE,
PASSED MAY 10, 1881.

Very respectfully,
J. M. SMITH,
Commissioner of the General Land Office.

WASHINGTON, D. C.,
MAY 10, 1881.

AND BY ORDER OF THE SENATE

REPORT OF THE

COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1881

IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES
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VITAL STATISTICS. (From the General Register Office.

The Comparability Factor is not available for 1945).

Population: (Mid-year 1945. estimated.) 14,230

Births. 239

- (a) Live Births. 234 - Male 125. - Female 109.
Rate per 1000 Civilian Population - 16.4
(England and Wales) - 16.1.
(1) Legitimate. 200. Male 108. Female 92.
(2) Illegitimate. 34. Male 17. Female 17.
(14.5 per cent of all live births.)
- (b) Still Births. 5. Male 2. Female 3.
(3 legitimate)
Rate per 1000 Civilian Population - 0.35
(England and Wales) - 0.46

Deaths. 211. Male 107. Female 104. Rate per 1000 C.P. 14.8.
(England and Wales 11.4)

Infantile Mortality. Deaths of infants under one year
of age - 13. Male 9. Female 4.

Rate per 1000 live Births - 55.6
(England and Wales) - 46.0

- (1) Legitimate. 60.
(2) Illegitimate. 29.4

Causes of Death.

Infections. 12. Whooping Cough 1.
Tuberculosis 7. Syphilis 1. Influenza 3.
Heart and Circulation. 97. (a) Heart 63.
(b) Circulation 13. (c) Intracranial Circulatory
21.

Cancer 35. Lung 20. Digestive System 11.
Kidney 2. Puerperal 1. Premature Birth 3.
Congenital Disease 3. Suicide 2. Accident 5.
Other Causes 20.

Age	0-	10-	20-	30-	40-	50-	60-	70-	80-	90-	Total
Period.											
Males	11.	1.	1.	2.	4.	9.	31.	27.	20.	1.	107
Females	5	1.	3.	5.	14.	10.	16.	32.	26.	4.	104.

Under 50. Males 19%, Females 14%. 65 & Over Males 63%
Females 71%

Comments.

A death-rate of 14.8 per 1000 may appear high for a small urban district especially when compared with the much lower 11.4 per 1000 for England and Wales. If the usual correction for age and sex distribution were to be made, then the resultant figures would probably be in the neighbourhood of 11.3 per 1000. Strictly speaking, a death-rate is a measure of the lethal factors affecting a population; it is not in itself a measure of the health of a population except in so far as a high resistance to a disease is concerned. As yet, no one has determined what is the ideal death-rate in the sense of the best obtainable. How far such happenings as premature birth and congenital disease are avoidable has yet to be determined; and, moreover, this is a matter on which the geneticists are silent.

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So far as this experience is concerned, it is satisfactory to note that there was only one death from puerperal causes. Accidents account for five deaths, of which two resulted from road traffic. Female adolescent deaths are often due to Tuberculosis. On the other hand the return includes five nonagenarians.

WATER SUPPLY is that of Torquay: it is plentiful in supply, and chemical and bacteriological examinations show it to be excellent in quality. Being from moorland sources it is treated with lime to prevent action on lead pipes and is also filtered and chlorinated.

INFECTIOUS DISEASES.

Notifications 55. Measles 43. Scarlet Fever 3.
Whooping Cough 1. Pneumonia 3. Erysipelas 3.
Ophthalmia Neonatorum 2.

DIPHTHERIA IMMUNISATION.

Children immunised in 1945 - 147; of these 81 were under 5 years of age, and 66 in the age group 5 to 14 years. It is estimated that 785 children of under five had completed a full course of immunisation at any time up to December 31st 1945. (Estimated mid-year population 1945 being 982). For the older ages, the corresponding estimated population is 2330, of whom it is reasonable to believe 1514 had been immunised, i.e. 80 per cent and 65 per cent respectively. There were no deaths from Diphtheria during the year.

TUBERCULOSIS.

Notifications - 22. Pulmonary 17. Non-Pulmonary 5.
Register. This has been revised and at the end of 1945, there were 77 cases registered. Namely - Pulmonary 67 (Male 43, Female 24) and Non-Pulmonary 10 (Male 4, Female 6).

COMMUNICABLE DISEASES. (Impetigo, Vermin, Scabies) Intractable cases are treated at Tresilian Sick Bay, Kingsbridge. Out-patient cases are dealt with at the County Clinic, 21, Courtenay Park, Newton Abbot. The Scabies Order, 1941, enables a Medical Officer of Health to require the attendance of persons suffering or suspected of suffering from these conditions at a recognised clinic for examination, and, if necessary, treatment. The Order apparently does not provide for any penalties for non-compliance therewith. I am indebted to Dr. Tanner of Newton Abbot for the preparation of a leaflet instructing patients (suffering from scabies) how to treat themselves at home. This has been distributed to general practitioners and has been much appreciated.

DISINFESTATION.

Several cases have been found during the year of houses infested with vermin, and in these cases spraying with insecticide has been carried out or fumigation with Sulphur Dioxide gas.

The work of disinfestation has, in all cases, been carried out by the Public Health Department.



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PREPARATION FOR AN EPIDEMIC. (INFLUENZA)

Ministry of Health Circulars 196/45 and 1906.
Ministry of Health Memorandum 2/Med. (1939)

These communications from the Ministry deal with the plans to be made locally in preparation for a possible epidemic of influenza. They "should not be put into force unless and until the Authority is especially requested by communication from the Ministry to operate them."

It is to be hoped that the need for these measures is far distant; yet it is advisable to have a basic scheme ready for operation at any time. The following scheme represents the result of a thorough enquiry into the possibilities as it affects the Urban District.

1. In the event of an epidemic, cases of this disease will fall into two categories (a) those needing Institutional Treatment and (b) those who require domiciliary treatment only.

2. Institutional Treatment. This will be needed for severe or complicated cases pronounced by the practitioner in attendance to be fit for removal to hospital. Such cases, it is to be expected are likely to form quite a small fraction on the total incidence. For such cases the essentials to be provided are (1) Beds and (2) Transport.

3. Beds. The Ministry suggests that beds may be obtained at (a) General (b) Public Assistance and (c) Isolation, Hospitals.

(a) General Hospitals.

(1) The Royal Devon and Exeter will take cases, if beds are available, at a charge of 14/- per day (maintenance) and specialists fee, this being 21/- for the first week or part of a week and, thereafter, 2/6 per day of stay in Hospital.

(2) Newton Abbot (East Street) will take cases if beds are available "at an average cost which is determined annually." The daily cost for 1945 has been computed at 8/5d.

(3) Torbay will take cases "within the limits of the Hospital's accommodation and the demands made locally upon it" at a cost identical to that charged to the Devon County Council; namely 14/- per day (maintenance) plus professional fees (if they are payable) on the Emergency Medical Service basis. A list of these fees has been submitted. They relate to X Ray and pathological examinations and are in every way reasonable.

(4) Dawlish Cottage. will take cases with the same reservations as for Torbay, at a cost of 17/- per day, as shown in the last Hospital Report.

(b) Public Assistance Institutions namely (1) Totnes and (2) St. Thomas, Exeter. Mr M. Sykes, of Felixwell, Exeter informs me that they have no vacant beds. On the contrary there is a long waiting list.

(c) Isolation Hospital. i.e. Newton Abbot Joint Isolation Hospital. Mr Copplestone informs me that, as matters stand, it will be impossible to open any ward without additional nursing staff and extra domestic help, which latter appears to be unobtainable. He also raises the legal point that if a case of influenza caught an infectious disease and died, the relatives of such patient might succeed in a claim for compensation.

4. Transport i.e. Ambulances. I am assuming that cases not so ill as to require an Ambulance will receive domiciliary treatment. There are three ambulances available. Two belong to the S.J.A.B. The Brigade is prepared to accept Influenza cases for transport at a charge of one shilling and threepence per mile. This charge includes the services of a driver and an attendant (male or female). The third ambulance is the Isolation Hospital Ambulance, to be used only as an emergency ambulance. Possibly its use involves a legal risk as in the case of an Isolation Hospital.

5. Domiciliary Treatment. The Local Authority may provide (a) Medical Assistance (b) Nursing Assistance (c) dispensing of prescriptions (d) Home Helps (e) Meals....."for the poorer inhabitants of their district who are suffering from the disease." (i.e. influenza) Circular 1906 (2)

6. Doctors. No Exchequer grant is available in aid of expenditure incurred under Circular 1906 (2); and it will be for the Local Authority to determine which cases fall within the category "poorer persons". Any fees paid will be a matter for arrangement between the Local Authority and the Medical profession. Presumably the whole position will undergo considerable modification if and when the National Health Service Bill becomes Law.

7. Nurses. The sources for the supply of auxiliary nurses, listed in the Circular, are as follows:-

(a) National Nursing Reserve (b) Health Visitors and School Nurses (c) The Civil Nursing Reserve (d) The St. John Ambulance Brigade (e) The British Red Cross Society (f) First Aid Post and Rest Centre Personnel.

The National Nursing Reserve. is now being established by the Ministry of Health.

All the remaining sources have been Circularised, and, as a result, 8 Auxiliary Nurses have been enrolled for the Urban District. Presumably in any severe epidemic, the National Nursing Reserve made flexible by the formation of mobile squads will form the mainstay of emergency nursing.

8. Dispensing of prescriptions. Under Circular 1906 (2) a Local Authority is empowered to provide for the dispensing of prescriptions for "poorer inhabitants suffering from the disease during a period of influenza prevalence".

9. Home Helps. The sources for the supply of Home Helps, listed in the Circular are as follows:- (a) County Council (b) B.R.C.S. and S.J.A.B. (c) W.V.S. and (d) "the Local Authority should consider whether there are in their area other voluntary bodies, in particular the Youth Organisations, which could do so". (e) First Aid Posts (Points) and Rest Centres.

These sources have been circularised. The W.V.S. in the Urban District has forwarded the names of 8 members prepared to give domestic help. The Oxford Home Helps Service is run by the W.V.S. co-operating with the City Council. A combined scheme for smaller areas on the lines of the Oxford experiment would appear to be the best solution for epidemic periods.

10. Provision of meals. The Circular suggests that these be provided on a payment basis from British Restaurants and Canteens.

(a) British Restaurant.
(b) School Canteens. Four; at Modern Secondary Schools for Boys and Girls, The Grammar School; Bearnas School.

Arrangements for the supply of meals from any or all of these centres would be feasible in the event of an epidemic;

the Local Authority will be required to provide containers and transport, (where needed); the cost per meal would not exceed one shilling and free meals, where supplied, will necessitate the establishment of a coupon system.

REPORT OF THE SANITARY INSPECTOR. This is being prepared and will be issued later.

FINAL NOTE. Although my period of office has been limited to one year, I have very much enjoyed the work that I have been privileged to do for the Council; and in saying "Farewell" I wish to thank all the Councillors for the consideration they have shown to me and for the confidence they have reposed in me.

Your obedient servant,

W.R.DUNSTAN.

Medical Officer of Health.

